

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>33</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>33 minus 20 =</i>	<i>13</i>
INDEPENDENT CLAIMS	<i>10 minus 3 =</i>	<i>7</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	<i>32</i>	Minus	<i>** 33</i>
Independent	<i>10</i>	Minus	<i>*** 10</i>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	<i>**</i>
Independent		Minus	<i>***</i>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	<i>**</i>
Independent		Minus	<i>***</i>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

**SMALL ENTITY
TYPE**

**OTHER THAN
OR SMALL ENTITY**

RATE	Fee	RATE	Fee
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	<i>234</i>
X40=		X80=	<i>560</i>
+135=		+270=	
TOTAL		TOTAL	
<i>1504</i>			

SMALL ENTITY

**OTHER THAN
OR SMALL ENTITY**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

RATE

**ADDI-
TIONAL
FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

RATE

**ADDI-
TIONAL
FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee
Sm./Lg.				Sm. Entity	Lg. Entity
Basic Filing Fee	<u>201/101</u>				<u>710</u>
Total Claims >20	<u>203/103</u>	<u>33</u>	-20 = <u>13</u>	X	<u>234</u>
Independent Claims >3	<u>202/102</u>	<u>10</u>	-3 = <u>7</u>	X	<u>560</u>
Mult. Dep Claim Present	<u>204/104</u>				<u>130</u>
Surcharge	<u>205/105</u>				
English Translation	<u>139</u>				<u>1634</u>

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 1634.

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ 1634